



**USA Roller Sports**  
**4730 South Street**  
**Lincoln, NE 68506**  
**402.483.7551 phone 402.483.1465 fax**

**2012 CLUB CHARTER REGISTRATION AND VERIFICATION OF OFFICERS**

*Important...Please be aware that individual memberships will not be processed for members affiliated with this club until charter is complete!*

**PLEASE PRINT CLEARLY – USE FULL NAMES, NOT NICKNAMES**

Has this location ever had a chartered USARS club?  Yes  No Club Id #: \_\_\_\_\_  
 Has this location ever been a member of the RSA?  Yes  No Member Id #: \_\_\_\_\_

**Type of Club:** Check **only one** subcategory under each sport. Additional subcategories must be chartered on a separate form.

- |                                 |  |                                  |   |  |                                    |
|---------------------------------|--|----------------------------------|---|--|------------------------------------|
| <b><u>Speed \$80</u></b>        | <b><u>Hockey \$80</u></b>                  | <b><u>Recreation \$80</u></b>    | <b><u>Aggressive \$80</u></b>           | <b><u>Roller Derby \$80</u></b>                      | <b><u>Figure \$80</u></b>          |
| <input type="checkbox"/> inline | <input type="checkbox"/> hardball          | <input type="checkbox"/> jam     | <input type="checkbox"/> skateboard     | <input type="checkbox"/> flat or banked track women  | <input type="checkbox"/> all types |
| <input type="checkbox"/> quad   | <input type="checkbox"/> inline            | <input type="checkbox"/> fitness | <input type="checkbox"/> extreme inline | <input type="checkbox"/> flat or banked track men    |                                    |
| <input type="checkbox"/> both   | <input type="checkbox"/> select            |                                  |   | <input type="checkbox"/> flat or banked track junior |                                    |
|                                 | <input type="checkbox"/> house (no charge) |                                  |   | <input type="checkbox"/> flat or banked track co-ed  |                                    |
- Circle type of track or both (if applicable)**

Club Name: \_\_\_\_\_

**Premises where club activities will take place:**

Facility Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Size of Skating Surface: \_\_\_ x \_\_\_ feet. Type of Surface: \_\_\_\_\_

**Club Mailing Address (only if different from address above):**

Club Contact: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Club Officers (officers must be at least two separate people and 2012 USARS members; if they are not 2012 members their individual registrations must be submitted with this charter application):**

President: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Check all that apply:  Competitor this season  Non Competitive  USARS Coach

Secretary/Treasurer: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Check all that apply:  Competitor this season  Non Competitive  USARS Coach

**Additional Club Officers authorized to sign transfer releases (MUST BE USARS MEMBERS).**

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

All officers and persons authorized to sign club releases must hold a current (2012) membership with USARS. A club charter and all associated memberships will not be sent until all officers and persons authorized to sign club releases have been registered with USARS. To be entitled to full voting privileges, a USARS club must have a minimum of five (5) active members, and no club may be registered without a minimum of two (2) officers: President and Secretary/Treasurer. Applicants will be notified if their application is incomplete. The incomplete application will be held for 60 days after which it will be returned and skaters so notified that they are free to re-affiliate with another club.

**AGREEMENT**

The undersigned representatives of the club organization hereby make application for Club Membership under sponsorship of USA Roller Sports (USARS) and do certify that all club members shall be individually bona fide members of USARS, and if accepted, agree to observe, uphold, and respect the By-Laws, Rules and Regulations of this Confederation as they affect amateur competitive roller sports. The undersigned club officers agree to indemnify and hold USARS harmless from any and all damages or liability which may be asserted against USARS as a result of the undersigned club officers' failure to so observe and enforce said By-Laws, Rules and Regulations of this Confederation as they affect competitive roller sports, or as a result of the undersigned club officers' negligence, or as a result of any other fault on the undersigned club officers' behalf. The undersigned club officers further agree that they have no express or implied authority to bind, obligate or hold themselves out as agents of USARS. The undersigned club officers further agree that all sanction fees and skater's assessments will be promptly turned over to USARS Headquarters according to the terms of the sanction. The undersigned club officers also agree to submit a copy of all club minutes and the Club Constitution to USARS Headquarters.

**A copy of any contracts and/or leases with facilities must be included with this application**

By signing below, the undersigned acknowledges that they have had an opportunity to review the insurance policy in place for all USARS members and clubs, understands the contents and limitations contained therein, and have had an opportunity to ask any questions regarding said insurance policy.

**PLEASE SIGN BELOW**

For Club:

President: \_\_\_\_\_

Secretary/Treasurer: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**The undersigned facility owner/operator hereby agrees to allow the host club to use the facility as their chartered facility.**

For Facility:

Print Owner/Operator Name: \_\_\_\_\_

Owner/Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Send completed application and check to:  
USA Roller Sports  
4730 South Street  
Lincoln, NE 68506  
Phone: 402.483.7551  
Fax 402.483.1465 For Credit Card Payment Only

**CREDIT CARD INFORMATION**

Card Number: \_\_\_\_\_ CCV#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Total Amount To Charge: \_\_\_\_\_

Please make a photocopy of this completed form for your club's future reference.